

From: Lynda Westphal, BS, Coordinator, Summer Food Program
To: SFSP Sponsors
Subject: Summer Food Service Program Information
Date: March 17, 2008

Please initial beside each statement, sign the bottom and return this form with your completed application materials (see web site for list) to the State agency: State Department of Education, Child Nutrition Programs, Attn: Lynda Westphal, PO Box 83720, Boise, ID 83720-0027 **no later than April 30, 2008.**

- _____ I certify that the information submitted on the SFSP application and all required forms relating to SFSP are true and correct and that I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.
- _____ I have read and understand the state policy on pre-packaged and self-packaged fruit and vegetables.
- _____ I certify that I have read all the information pertaining to the Summer Food Service Program and I agree to follow all rules and regulations.
- _____ I have read and understand the "Civil Rights Compliance and Enforcement in the Summer Food Service Program, FNS Instruction 113-1", and will discuss this with the staff prior to operating a SFSP site.
- _____ I have a copy of the "Financial Management – Summer Food Service Program for Children, FNS Instruction 796-4, Rev. 4", and will read this prior to operating a SFSP site.
- _____ I have attended training in person or completed on-line training and understand all materials presented in order to operate a compliant Summer Food Site.

Sponsoring Organization: _____ Participant #: _____

Director: _____ Date: _____
(please print and sign)